

Baldrige Regional Conferences Registration Form

FOUR WAYS TO REGISTER

1. Call MACC, Inc. at **215-822-5133** and use your MasterCard, Visa, or American Express.
2. Fax your completed registration form with credit card payment to 2004 Baldrige Regional Conferences, c/o MACC, Inc., at **215-822-3332**.
3. Register online at **www.baldrige.nist.gov**.
4. Fill out the registration form below, enclose payment, and mail to:
2004 Baldrige Regional Conferences • c/o MACC, Inc. • P.O. Box 513 • Colmar, PA 18915-0513

CONTACT INFORMATION

First Name _____ Middle _____ Last Name _____
First Name for Badge _____
Organization _____
Title _____
Address _____
City _____
State/Province _____ ZIP/Postal Code _____ Country _____
Phone _____ Fax _____
Email _____

Sector

Please indicate the sector to which your organization belongs:

☐ Manufacturing ☐ Service ☐ Small Business ☐ Education ☐ Health Care ☐ Government ☐ Nonprofit

How did you hear about the 2004 Baldrige Regional Conferences?

- ☐ Received brochure in the mail (Please fill in the 2-digit code above your name on the mailing label: _____) ☐ Email advertisement
☐ From a colleague ☐ Announcement in a trade publication
☐ Baldrige Web site ☐ Other: _____

Please select the conference you wish to register for.

- ☐ Chicago/Oak Brook, IL, September 10, 2004 ☐ San Antonio, TX, September 30, 2004

SELECT REGISTRATION (Please select the type of registration you wish to have.)

	Advance*	Regular
Regional Conference		
<input type="checkbox"/> Individual	\$445.00	\$495.00
<input type="checkbox"/> Faculty Discount	\$395.00	\$445.00
<input type="checkbox"/> Group Discount**	\$395.00	\$445.00

Pre-Conference Workshop (Limit 60 registrants)

- ☐ Pre-Conference Workshop with conference registration\$100.00\$100.00
☐ Pre-Conference Workshop only.....\$150.00\$150.00

*Registration must be submitted by 12:00 AM EST, August 21 for Chicago/Oak Brook, IL and September 10 for San Antonio, TX.

**All registrations must be submitted at the same time to receive the group discount.

Special Needs (☐ Check here if you wish to be contacted)

Do you have any special needs and/or dietary restrictions that we can address to make your participation more enjoyable? Please indicate these special needs on the line below:

Payment Information

☐ **Check or money order** (Payable to MBNQA Foundation).

Credit Card ☐ MasterCard ☐ Visa ☐ American Express

Card #: _____
(CID/SVC number*) _____
Expiration Date: _____
Cardholder Name: _____
Signature: _____

NOTE: Your credit card statement will list MACC as the payee.

* This three- or four-digit number must be provided if you are paying by credit card. American Express: the number can be found above the embossed account number that appears on your card. Visa or MasterCard: the number can be found on the Signature strip on the back of the card and is the last three printed numbers.